

QI Workgroup Meeting  
June 16, 2008 1p.m.-3p.m.

In attendance: Alex Franklin, Spencer Howard, Dr. Campbell, Joe Acker, Jason Parton, Choona Lang, Verla Thomas, Dr. Crawford, Robin Moore  
Not in Attendance: Beth Anderson

Choona opened the meeting with an introduction of Jason Parton from UAB and a recap of the last QI meeting.

Jason Parton and team is currently focusing on the EPCR data

\*\*\*\*Joe offered for the TCC to start the information on what goes in the Trauma Registry for level 3 hospitals only.

Regional QI data from North has anything to do with the EPCR (access to data files: receive verbally, email, phone calls and face to face meetings)

Verla gave brief overview of the new software from Digital Innovation

- ◆ Continual care server to maintain recode from the pre-hospital to trauma registry (TCC number)
- ◆ Sequence Portal
- ◆ DI Report writer (web porter, trauma dashboard, PDF and with adopt ADPH dictionary.
- ◆ DI & Grayco will work together to link Pre hospital & hospital data for the trauma registry.
- ◆ Will be able to get reports of patient outcome (patient entry, transfer, length of stay, etc)

Patient Routing—EMTs need to check with TCC to see what hospital is opened to except a patient. Sometimes patients request a certain hospital to be taken to instead of going to the closest hospital.

Define “Push Back”—routing patients to the closest hospital instead of by passing.

\*\*\*\*routing issues tabled until the Regional Trauma Advisory Council has been established. (Project RTAC date----July)

Verla/Robin gave brief of overview of benchmarks that needs to be established:

- Fatalities (prehospital, Ed, Inpatient)
- Hospital length of stay
- Prehospital time on scene (air & ground)
- Hospital costs
- Routing issues

\*Jason will help us determine if we have the information we need to identify these benchmarks needed to access data.

Alex/Spencer gave brief overview of Trauma System Regional QA/QI process (North Regional) (See attached)

Choona reviewed the Alabama Trauma System QI Plan process.

Suggested changes

1. Change the word “offense” to “issue”
2. Verbal written warnings should come from the State per Alex
3. Verbal warning should come from the regions then letters should come from the State. Regions should have to address the first & second violation per Spencer
4. Establish should the service director or the individual EMT should receive the letter
5. Add #4 Report the outcome of the offense back to the RTAC (Regional Trauma Advisory Council)

Need to ensure if the service directors are doing remedial education and doing follow up on non-compliance issues.

Hospital Issue Process-Hospital & pre hospital compliance process should be the same per Joe

Next meeting July 18, 2008 8am in BREMSS.

Meeting Adjourned

# Alabama Trauma System QI Plan Process

## Quality Improvement Process

The mission of the state quality improvement process is to continuously monitor the Statewide Trauma System utilizing data to determine the trauma system impact on quality of care. The evaluation process must include benchmarks that will provide guidelines for acceptable standards of care. **The process will also include the coordination of educational initiatives, system changes and enforcement as necessary.**

Alabama Trauma System QI Plan consists of the following components:

- 1) Hospital
  - a) Quarterly internal audits
  - b) Trauma Registry reports
  - c) Internal management committee meeting
  - d) Monthly reporting to the regional office
  - e) Participation in quarterly regional QI committee meetings
- 2) Pre Hospital
  - A) Air
    - 1) Internal audits
    - 2) Monthly QI reports (response/scene time)
    - 3) Participation in quarterly regional QI committee meetings
  - B) Ground
    - 1) Internal audits
    - 2) Monthly QI reports (scene time)  
(Question per Joe—what source? And system entry)
    - 3) Participating in quarterly regional QI committee meetings

### 3) System

The Alabama Department of Public Health Office of EMS and Trauma will be responsible for direct oversight and enforcement of the QI plan:

1. Assume responsibility and accountability for the implementation and ongoing activities of the QI program
2. Establish, maintain and give guidance to RTAC, QI committee and STAC related to quality care issues in writing and in actions.
3. Integrate mission of the QI program into activities for all levels of participation within the statewide trauma system

4. Utilize quality assessment data process to identify the needs to change Trauma System processes to ensure the success of the Alabama Trauma System.
5. **Communicate and cooperate with appointed RTAC QI committee members to operate their QI plan.**
6. Ensure all QI plan activities are reported to STAC and the State Committee of Public Health.
7. Establish and maintain a systematic QI assessment process
8. Establish a culture of quality improvement through leadership, education, communication and teamwork.
9. Complaints received at the State level will be forward to the Regional staff for follow-up according to the 1,2,3 step Trauma System noncompliance process listed under **Regions Role: number 8**

### **Regional Trauma Advisory Council**

1. Utilize regional level quality assessment data process to identify the needs to maintain/change trauma system processes by reporting findings to OEMS & T
2. Communicate and cooperate with the direct services providers, state trauma staff and all appropriate trauma system personnel to ensure Trauma System information is shared
3. Promotes, coordinates and conducts ongoing pre-hospital and hospital trauma system education
4. Follow up with direct service providers to ensure trauma process are performed
5. Participate in all levels of QI process
6. Meet quarterly with the State QI committee to discuss ways to improve the trauma system processes
7. Receive all Trauma system complaints and filter them to the State/Regional QI committee
8. Report **noncompliance** issues to the Regional Trauma Advisory Council as listed below for pre-hospital component:
  1. **First Issue**-Verbal warning and remenditative education, documentation by region staff
  2. **Second Issue**-Written report by region staff ***(NEED TO DEVELOP STANDARD WARNING LETTERS) (Letters should come from the State then referred to the Regions)***
  3. **Third Issue**-Verbal/written report forward to the State OEMS & T Compliance Officer (Mark Jackson) for investigation with possible license suspension
  4. Report any outcome from findings of #3 back to Regional Trauma Advisory Council

**Regions Noncompliance:**

All regional staff noncompliance trauma system issues will be handled by the Director of the Office of EMS & Trauma.

**Hospital Noncompliance:**

All hospital noncompliance trauma system issues will be handled according to the contractual agreement with the hospital ***(See Trauma System Contract)***

*Revised 07/24/2008*